

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory King, MD

Mailing Address 1120 Vail Rd.

City

Bennington

State

VT

Zip Code

05201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 8

Transaction ID: C398358

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Larry W Kipe, MD

Mailing Address 600 Russell St

City

Craig

State

CO

Zip Code

81625-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: C397411

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Scott Douglas Kirsch, MD

Mailing Address 507 Valley Forge Dr

City

Placentia

State

CA

Zip Code

92870-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
InterCommunity Family Med-
icine Associa

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: C397525

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)